CONFIDENTIAL CASE REPORT OF A BIRTH DEFECT

IN A FETUS OR INFANT LESS THAN ONE YEAR OF AGE

INSTRUCTIONS: THE CALIFORNIA CODE OF REGULATIONS, TITLE 17, SECTIONS 6531 AND 6532 REQUIRE THE REPORTING OF NEURAL TUBE DEFECTS AND CHROMOSOMAL ABNORMALITIES IN A FETUS OR INFANT UP TO ONE YEAR OF AGE, WITHIN 30 DAYS OF INITIAL DIAGNOSIS.

FOR OFFICE USE ONLY: CLIENT ID										
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PLEASE NOTE: A SEPARATE FORM IS REQUIRED FOR EACH INDIVIDUAL SPECIMEN AND FOR EACH FETUS/INFANT IN A MULTIPLE GESTATION.

PRINT CLEARLY IN UPPER CASE:	ABCDE	FGHI	1 2 3 4 5	USE PENCIL OR I	BLUE OR BLACK INK AN	ID FILL BOXES COM	PLETELY LIKE THIS: NOT		
MOTHER'S INFORMATION									
1. LAST NAME:					2. FIRST NAME	i:	3. MID'L INIT:		
4. DID MOTHER PARTI IN THE CALIFORNIA EXPANDED AFP SCI		NO A	F YES, PROVIDE ACCESSION/TRACER N QUESTION 5 AND (NUMBER	ETIC DISEASE BRANCH	ACCESSION NUMB	ER:		
			DIRECTLY TO QUEST	TON 20.					
6. MAIDEN NAME / AKA	: 			7. BIRTHDATE:	(MM/DD/YYYY)	8.500	CIAL SECURITY NUMBER:		
9. MOTHER'S STREET A	ADDDRESS (includ	le apartment num	nber)						
10. CITY:					11. STATE	12. ZIP CODE:			
							-		
13. MOTHER'S RACE/ETHNICITY:	☐ BLACK		☐ VIETNAMESE	<u> </u>	CHINESE	□ SA	AMOAN UNKNOWN		
(check all that apply)	☐ NATIVE AN	MERICAN	CAMBODIAN		JAPANESE	Ш н.	AWAIIAN		
WHITE	MIDDLE EA		LAOTIAN (fr	om Laos)	☐ KOREAN		UAMANIAN		
HISPANIC	ASIAN IND	DIAN	OTHER SOU	THEAST ASIAN	FILIPINO		THER Specify:		
14. LAST NAME:				INFANT INF	15. FIRST NAME:		16. GENDER:		
47. OTHER NAMES HOS	E FOR INFANT:				18. BIRTHDATE:	(MM/DD/YYYY)	19. FETUS		
17. OTHER NAMES USE	D FOR INFANT:				16. BIRTHDATE.	(MINI/DD/1111)	LETTER CODE:		
						/	(A, B, C, etc.)		
Contact Porson rogs	arding this form:			SOURCE INI	FORMATION				
Contact Person rega 20. LAST NAME:	iranig uns iorin.		21.	FIRST NAME:			22. DATE FORM COMPLETED:		
23. TELEPHONE NUMBER: PHONE EXTENSION 25. FACILITY NAME AND ADDRESS:									
25. TAGILITI NAWE AND ADDRESS.									
24 FACILITY TYPE:	CYTOGENE	ETIC LAB	PDC Please	provide	<u>.</u>				
PDC code:									
☐ HOSPITAL ☐ UNKNOWN	☐ VITAL STAT		MD	BIRTH DEFECTS	MONITORING				
GINNOWN	U OTTIER OF	occity.							
				PREGNANCY I	NFORMATION				
26. LAST MENSTRUAL F	PERIOD:		NUMBER OF FETUSES/	31. PREGNANCY S	STATUS:		32. DATE OF PREGNANCY STATUS:		
	/		INFANTS IN PREGNANCY,	_	NG PREGNANCY		/ /		
			INCLUDING FETAL	ELECTIVE					
27. ESTIMATED DATE C	F DELIVERY (EDD):	<u>: </u>	DEMISES:	SELECTIV			33. GESTATIONAL AGE AT TIME OF STATUS		
	/		AU IMPER OF		N/LOST TO FOLLOW-UP MISE/SAB/STILLBIRTH/I		(In weeks and days):		
			NUMBER OF FETUSES/		ICY COMPLETED WITH		34. METHOD USED TO		
28. IF MOTHER'S BIRTH UNKNOWN, PLEASI		 l .	INFANTS AFFECTED	☐ OTHER Sp	ecify:		DETERMINE LMP GESTATIONAL AGE AT ULTRASOUND		
AN APPROXIMATIO			WITH A BIRTH				TIME OF PREGNANCY STATUS: EXAM		
DEFECT.									
		ADDITION	NAL INFANT INF				GENETIC DISEASE BRANCH California Department of Health Services		
35. INFANT'S BIRTHWE	IGHT: or POUN	NDS	7,	36. IF DECEASE	ED, DATE OF DEATH:		850 Marina Bay Parkway Room F-175, Mail Stop 8200		
	/OUN				/		Richmond, CA 94804 Telephone (510) 412-1502		
							Fax (510) 412-1560		